

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1941

Registration District No. 284

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 36226

Registrar's No. 2195

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Winata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8122-Strang Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME VIOLET WENZARA

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife JOSEPH 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAR. 15 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 13 hr. min.

9. Birthplace Bismarck ND
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

12. Name Richard Walters

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Metchen

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wenzara
(b) Address 8037-Strang Ave. Winata

17. (a) Burial (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Summa Inc.
(b) Address 2504 Woodson, Overland Park

19. OCT 30 1941 (Date received local registration) (c) C. E. M. Duran (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Winata
(If outside city or town limits, write "RURAL")
(d) Street No. 8122-Strang Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 1941 to October 28th 1941;
that I last saw him alive on 10/28/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic Hypertensive Cardiovascular Disease
Due to long standing
Chronic Hypertension long duration

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 12/41
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. E. Rougema (M. D. or other) O
Address 1677 Belmar Date signed 10/30/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.